Fill in this Infor	mation to iden	tify the case:					
Debtor 1	Vicole	Elizabeth	Fitzpatrick				
DODIOI 1	irst Name	Middle Name	Last Name	-			
Debtor 2							
(Spouse, if filing)	First Name	Middle Name	Last Name	-			
United States Ba	nkruptcy Court	for the: District of Ne					
Case number:	20-20317-A	BA (S	State)				
Form 1340 (12		MANAGE 1			I		
1 01111 1040 (12	113)						
APPLICATION	ON FOR PA	YMENT OF UN	CLAIMED FUNDS				
1. Claim Info	rmation			***			
For the benefit of the court. I have	of the Claimar e no knowledo	nt(s)' named below, le that anv other pa	application is made for rty may be entitled to the	the payment ese funds, ar	: of unclaimed fun nd I am not aware	ds on deposi of any dispu	
regarding these		,	,,			or arry aropo	
Note: If there ar	re ioint Claima	nts, complete the fi	elds below for both Clair	mants.			
	•						
Amount:		\$ 4060.00	\$ 4060.00				
Claimant's Name:		Seymour Wa	Seymour Wasserstrum, Esquire				
Claimant's Curi	rent Mailing	Seymour Wa	ısserstrum				
Claimant's Current Mailing Address, Telephone Number,		1					
and Email Addr	ess:	Vineland, NJ	08360				
		Phone number:	856-696-8300				
		Email address:	000 000 0000				
			MyLawyer7@aol.c	om			
2. Applicant l	nformation						
Applicant <sup>2</sup> repre	esents that Cla	aimant is entitled to	receive the unclaimed for	unds becaus	e (check the state	ements that	
apply):					,		
		ant and is the Owne	er of Record <sup>3</sup> entitled to t	the unclaime	d funds appearing	on the reco	
the court		ant and is entitled to	the unclaimed funds by	/ accianment	nurchaeo mora	ar acquicitio	
successi	on or by other	means.	o the unclaimed funds by	assigninent	., puichase, meigi	acquisilloi	
Applican	t is Claimant's	representative (e o	g., attorney or unclaimed	d funds locate	or)		

Applicant is a representative of the deceased Claimant's estate.

The Claimant is the party entitled to the unclaimed funds.
 The Applicant is the party filing the application. The Applicant and Claimant may be the same.
 The Owner of Record is the original payee.

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3. Supporting Documentation						
Applicant has read the court's instructions for filing an Application for Unclaimed Funds and is providing the required supporting documentation with this application.						
4. Notice to United States Attorney						
Applicant has sent a copy of this application and supporting documentation to the United States Attorney, pursuant to 28 U.S.C. § 2042, at the following address:						
Office of the United States Attorney District of New Jersey Peter Rodino Federal Building 970 Broad Street, Suite 700 Newark, New Jersey 07102						
5. Applicant Declaration Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.	5. Co-Applicant Declaration (if applicable) Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.					
Date: August 11, 2021	Date:					
Signature of Applicant	Signature of Co-Applicant (if applicable)					
Seymour Wasserstrum						
Printed Name of Applicant	Printed Name of Co-Applicant (if applicable)					
Address: Seymour Wasserstrum  Law Offices of Seymour Wasserstrum	Address:					
205 W. Landis Ave						
Vineland, NJ 08360						
Telephone: 856-696-8300  Email: MyLawyer7@Aol.com	Telephone:  Email:					